

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **8973**
2456
 Registrar's No.

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Alexian Brothers Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME ALEXANDER WARREN LAMOUREUX

3. (b) If veteran, name war _____ 3. (c) Social Security No. 4-88-01-0933

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mittie Wright Lamoureux 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 2, 1875
 (Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 10 If less than one day hr. _____ min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Railroad Cement Co.

12. Name Alex Lamoureux

18. Birthplace France
 (City, town, or county) (State or foreign country)

14. Maiden name Marie Constant

15. Birthplace France
 (City, town, or county) (State or foreign country)

16. (a) Informant Mo. A. V. Lamoureux

(b) Address 6600 Pennsylvania

17. (a) Burial (b) Date thereof 3-15-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home
6322 S. Grand Blvd.

(b) Address MAR 15 1940

19. (a) MAR 15 1940 (b) J. F. Buckner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6600 Pennsylvania
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12th
 year 1940 hour 11:30 a minute _____ M.

21. I hereby certify that I attended the deceased from March 25, 1939 to Mar. 12, 1940
 that I last saw him alive on Mar 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Prostatectomy

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

23. Signature J. F. Buckner (M. D. or other) _____

Address 77th St. Kansas Date signed 3/13/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Virgil L. Berryman

Licensed Embalmer No.

4018

P. O. Address

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.